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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Whiteley LLC Name of Li	imited Liability Company	· <del>-</del>
The en	aclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Kerry Whiteley	Name of Person	
		Firm/Company	
	10 North Sunset Blvd.	Address	
	Gulf Breeze, FL 32561	City/State and Zip Code	
_kv	vhiteley78@gmail.com E-mail address: (to be use	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ease call:	
<u>Kerry</u>	Whiteley at (  Name of Person	850 ) 712-8893 Area Code Daytime Tel	lephone Number
	ed is a check for the following amount:  0 Filing Fee   Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## ARTICLES OF ORGANIZA'TION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	is:
Whiteley LLC.	
(Must end with the word	ds "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10 North Sunset Blvd. Gulf Breeze, FL 32561	10 North Sunset Blvd. Gulf Breeze, FL 32561
	•
Kerry S Whiteley	-
	Name
10 North Sunset Bly Florida street address	vd. s (P.O. Box <u>NOT</u> acceptable)
Gulf Breeze	FL 32561
City	Zip
the place designated in this certificate, I he capacity. I further agree to comply with the	o accept service of process for the above stated limited liability company ereby accept the appointment as registered agent and agree to act in this provisions of all statutes relating to the proper and complete performant cept the obligations of my position as registered agent as provided for in Chapter 605, F.S
Registered Age	ent's Signature (REQUIRED)
(0	CONTINUED)
	Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Timothy S Whiteley
	10 North Sunset Blvd.
	Gulf Breeze, FL 32561
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ective date is listed, the date must be s	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 (
E V: Effective date, if other than the datective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 (
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 o
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of all (In accordance with section 6)	rember or an authorized representative of a member.
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of all (In accordance with section 6 constitutes an affirmation und I am aware that any false info	rember or an authorized representative of a member.  305.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of all (In accordance with section 6 constitutes an affirmation und I am aware that any false info	rember or an authorized representative of a member.  305.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.
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